

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

35333

State File No. _____

FILED NOV 5 1952

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>418</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>8 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		<u>0485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>1900 N. Liberty</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adam</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 1, 1912</u>		9. AGE (In years last birthday) <u>40</u> If under 1 year: Months _____ Days _____ If under 12 mos. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Adam S. Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Deatherage</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby C. Thompson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-09-2800</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruby Thompson, Independence, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INFARCTION OF RIGHT CEREBRAL HEMISPHERE</u> <u>BASILAR ARTERY THROMBOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OLD SITES OF MYOCARDIAL INFARCTION</u> DUE TO (c) <u>DIFFUSE CALCIFY & ATHEROMATOUS SCLEROSIS</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SYSTEMIC & PERIPHERAL ARTERIES</u> <u>THROMBUS RIGHT ILIAC ARTERY (OLD)</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>Patricia Regier</u> , 19____, that I last saw the deceased alive on <u>10-16</u> , 1952, and that death occurred at <u>5:29</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.R. McPhree</u>		(Degree or title)		23b. ADDRESS <u>Research Hosp.</u>		23c. DATE SIGNED <u>10/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-20-52</u>		REGISTRAR'S SIGNATURE <u>James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter R. Larson</u>		ADDRESS <u>Independence, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Tom D Markland

Licensed Embalmer No. *4592*

P. O. Address *Indep. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.